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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/575,065 05/27/2004

O.K. R.S.

** FOREIGN APPLICATIONS *****

none R.S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	STATE OR COUNTRY OH	SHEETS DRAWING 8	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature <i>Robert L. Hunter R.C.S.</i> Initials				

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TITLE

MOBILITY ASSISTANCE DEVICE

FILING FEE RECEIVED 430	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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